



Fauquier County Parks & Recreation Department



Computer Registration Coming Soon!!

Set-up your client account now! We are proud to announce the installation of a new automated registration system just in time for the Spring Session. Save time by setting up your client account now. Once entered, you will be able to register for recreation programs in half the time! Successful account set-up depends on accuracy in providing all information requested on this form. PRINT legibly please. If you require additional space, continue on the back following the format below. Mail form to FCPRD, 320 Hospital Hill Drive, Suite 6, Warrenton, VA 20186 or return to nearest FCPRD Region Office. **(Please note: Your information is confidential and will not be disclosed or sold.)**

****Must be at least 18 years old**:**

Main Contact Client #1 Name: (Last) _____ (First) _____

School Grade ____ **Birth Date** ____/____/____ **Sex:** M F **Work Phone** (____) ____ - ____ **Ext.** ____

Street Address: _____ **City** _____ **State** ____ **Zip** ____ - ____

Mailing Address: _____ **City** _____ **State** ____ **Zip** ____ - ____
(If different)

Fauquier County Resident? Yes ____ No ____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

E-mail address _____

List all immediate family members in household. Complete shaded areas only if different from "Main Contact".

Client #2 Name: (Last) _____ (First) _____

School Grade ____ **Birth Date** ____/____/____ **Sex:** M F **Work Phone** (____) ____ - ____ **Ext.** ____

Street Address: _____ **City** _____ **State** ____ **Zip** ____ - ____

Mailing Address: _____ **City** _____ **State** ____ **Zip** ____ - ____
(If different)

Fauquier County Resident? Yes ____ No ____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

E-mail address _____

Client #3 Name: (Last) _____ (First) _____

School Grade ____ **Birth Date** ____/____/____ **Sex:** M F **Work Phone** (____) ____ - ____ **Ext.** ____

Street Address: _____ **City** _____ **State** ____ **Zip** ____ - ____

Mailing Address: _____ **City** _____ **State** ____ **Zip** ____ - ____
(If different)

Fauquier County Resident? Yes ____ No ____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

E-mail address _____

Client #4 Name: (Last) _____ (First) _____

School Grade ____ **Birth Date** ____/____/____ **Sex:** M F **Work Phone** (____) ____ - ____ **Ext.** ____

Street Address: _____ **City** _____ **State** ____ **Zip** ____ - ____

Mailing Address: _____ **City** _____ **State** ____ **Zip** ____ - ____
(If different)

Fauquier County Resident? Yes ____ No ____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

E-mail address _____

Emergency Contact #1: (Last) _____ (First) _____ **Relationship** _____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

Emergency Contact #1: (Last) _____ (First) _____ **Relationship** _____

Home Phone (____) ____ - ____ **Ext.** ____ **Fax Number** (____) ____ - ____ **Ext.** ____

Cell Phone (____) ____ - ____ **Pager Number** (____) ____ - ____ **Ext.** ____

Office Use Only:

Date Received: ____/____/2004

Date Entered: ____/____/2004

Received by: _____

Received by: _____

Additional Information on Back: Yes ____ No ____